

**BEFORE THE BOARD OF EXAMINERS OF
RESIDENTIAL CARE FACILITY ADMINISTRATORS
STATE OF IDAHO**

In the Matter of the License of:)	
)	Case No. RCA-2008-1
CHERYL H. BAKER,)	
License No. RCA-406,)	FINDINGS OF FACT,
)	CONCLUSIONS OF LAW AND
Respondent.)	FINAL ORDER
)	

Having reviewed the administrative file in this matter, the Idaho State Board of Examiners of Residential Care Facility Administrators (the "Board") hereby enters the following Findings of Fact, Conclusions of Law, and Final Order:

FINDINGS OF FACT

1. Respondent Cheryl H. Baker ("Respondent") is a duly licensed Residential Care Facility Administrator in the State of Idaho holding License No. RCA-406. Respondent's license expired on December 11, 2007, and Respondent's license was canceled as of December 12, 2007. Respondent has not renewed her license; however, pursuant to Idaho Code § 67-2614, Respondent retains the right to renew her license for up to five (5) years after cancellation by paying the required fees.

2. In a letter dated October 7, 2005, the Idaho Department of Health and Welfare (the "Department") notified the Board of survey findings of substandard quality of care at a facility at which Respondent was the administrator. On March 17, 2006, the Department notified Respondent that the core deficiencies identified in the survey findings had been corrected. However, during the investigation by the Bureau of Occupational Licenses, Respondent admitted that her unlicensed son had run the facility while Respondent was recovering from a serious medical condition.

3. On November 7, 2008, Respondent voluntarily surrendered her license, consenting to the Board revoking or suspending her license and otherwise imposing

discipline pursuant to the Residential Care Administrators Practice Act, title 54, chapter 42, Idaho Code. A true and correct copy of the voluntary surrender form signed by Respondent is attached hereto as Exhibit A. In connection with Respondent's surrender of her license, Respondent indicated to the Bureau investigator that she had already closed her business and allowed her license to expire.

4. Respondent knowingly and freely waived her right to a hearing, and waived all rights granted to Respondent pursuant to the Administrative Procedures Act, chapter 52, title 67, Idaho Code.

CONCLUSIONS OF LAW

1. As a licensed residential care facility administrator in the State of Idaho, Respondent is subject to the jurisdiction of the Board and to the provisions of the Residential Care Administrators Practice Act, title 54, chapter 42, Idaho Code, and the rules and regulations promulgated by the Board thereunder.

2. Respondent's actions in allowing an unlicensed person to run the facility, if proven, would constitute violations of the Residential Care Administrators Practice Act and the rules and regulations promulgated thereunder and constitute grounds for the revocation or suspension of Respondent's license to practice as a Residential Care Facility Administrator pursuant to Idaho Code § 54-4213(1)(b) (Board may revoke, suspend, reprimand, censure, or otherwise discipline a licensee for willful or repeated violations of any provisions of the Residential Care Administrators Practice Act or rules enacted thereunder, or for willful or repeated actions inconsistent with the health and safety of patients) and Idaho Code § 54-4203 (prohibiting allowing the unlicensed operation of a residential care facility).

3. Respondent's voluntary surrender of licensure (*see* Exhibit A) authorizes the Board to revoke or suspend Respondent's license and otherwise impose discipline without further process pursuant to Idaho Code § 54-4213.

/ / /

ORDER

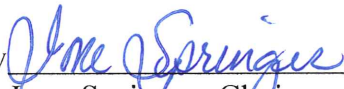
NOW, THEREFORE, IT IS HEREBY ORDERED, based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, that License No. RCA-406 issued to Respondent Cheryl H. Baker, including any renewal rights, is hereby REVOKED.

It is further ordered that, should Respondent request reinstatement of licensure in the future, the Board reserves the right to assess investigative costs and attorney's fees incurred in this matter as a condition of reinstatement.

This order is effective immediately.

DATED this 19th day of March, 2009.

IDAHO STATE BOARD OF EXAMINERS
OF RESIDENTIAL CARE FACILITY
ADMINISTRATORS

By 
Ione Springer, Chair

NOTICE OF DUE PROCESS RIGHTS

NOTE: THIS NOTICE IS PROVIDED SOLEY FOR COMPLIANCE WITH IDAHO CODE § 67-5248, AND IS NOT INTENDED TO REINSTATE ANY RIGHTS PREVIOUSLY WAIVED BY RESPONDENT.

This is a final order of the Board. Any party may file a motion for reconsideration of this final order within fourteen (14) days of the service date of this order. The Board will dispose of the petition for reconsideration within twenty-one (21) days of its receipt, or the petition will be considered denied by operation of law. See Idaho Code § 67-5246(4).

Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this final order or orders previously issued in this case may appeal this final order and all previously issued orders in this case to district court by filing a petition in the district court of the county in which:

- a. A hearing was held,
- b. The final Board action was taken,
- c. The party seeking review of the order, resides, or
- d. The real property or personal property that was the subject of the Board action is located.

An appeal must be filed within twenty-eight (28) days (a) of the service date of this final order, (b) of an order denying petition for reconsideration, or (c) the failure within twenty-one (21) days to grant or deny a petition for reconsideration, whichever is later. See Idaho Code § 67-5273. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.

CERTIFICATE OF SERVICE


I HEREBY CERTIFY that on this 19th day of March, 2009, I caused to be served a true and correct copy of the foregoing by the following method to:

Cheryl H. Baker
P.O. Box 6008
Caldwell, ID 83606

- ☒ U.S. Mail
- ☐ Hand Delivery
- ☒ Certified Mail, Return Receipt Requested
- ☐ Overnight Mail
- ☐ Facsimile: _____
- ☐ Statehouse Mail

Emily A. Mac Master
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

- ☐ U.S. Mail
- ☐ Hand Delivery
- ☐ Certified Mail, Return Receipt Requested
- ☐ Overnight Mail
- ☐ Facsimile: _____
- ☒ Statehouse Mail



Taha Cory, Chief
Bureau of Occupational Licenses

**IDAHO BUREAU OF OCCUPATIONAL LICENSES
VOLUNTARY SURRENDER OF REGISTRATION/LICENSE
IN LIEU OF FORMAL DISCIPLINARY HEARING**

I, CHERYL BAKER, hereby voluntarily surrender my registration/license to practice as a Residential Care Administrator in the State of Idaho. I agree and consent that the surrender of my registration/license to practice is done without an order, order to show cause, hearing, or any other proceeding compelling its surrender. In view of my alleged failure to comply with Idaho Law, title 54, chapter 42, Idaho Code, and the rules promulgated by the RESIDENTIAL CARE ADMINISTRATORS Board, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I voluntarily surrender my registration/license to practice in the State of Idaho and agree to immediately discontinue the practice of RESIDENTIAL CARE ADMINISTRATOR in this state.

I understand that I have the right to a hearing, the right to confront and cross-examine witnesses, the right to present evidence and testimony on my behalf, the right to appeal and all other rights accorded to me by the Idaho Administrative Procedures Act, title 67, chapter 52, Idaho Code, and the laws and rules governing the practice of RESIDENTIAL CARE ADMINISTRATORS ACT, title 54, chapter 42, Idaho Code. I hereby freely and knowingly waive these rights without further process as a resolution of any claims or allegations which might otherwise be brought against me by the Board. I further waive any registration/license renewal rights provided by Idaho Code § 67-2614.

I acknowledge that in surrendering my registration/license to practice, I am not making any admissions; however, I specifically waive the right to contest this relinquishment in any subsequent proceeding. I acknowledge that the Board has jurisdiction to proceed against my registration/license pursuant to Idaho Code § 54-4213. I understand that the Board will enter an order either revoking or suspending my registration/license to practice based upon my voluntary surrender of my registration/license, which order may include a civil penalty and/or the imposition of costs and fees incurred by the Board in its investigation and prosecution of any claims or allegations against me, and I hereby consent to the imposition of such discipline.

I understand and acknowledge that by surrendering my registration/license to practice, all of the privileges associated with said registration/license are hereby surrendered until such time as I am again properly registered/licensed. I understand that to regain a registration/license to practice in the State of Idaho, I must re-apply to the Board pursuant to the provisions of title 54, chapter , Idaho Code, and all applicable rules and orders entered by the Board. I understand and agree that any decision regarding reinstatement of my registration/license is a discretionary decision for the Board. I understand and agree that the Board may rely on factors set forth in this document or other than those set forth in this document as grounds for denial of a petition for reinstatement of my registration/license or any registration/license application that I may submit.

I waive refund of any payments made by me in connection with my registration/license under the RESIDENTIAL CARE ADMINISTRATORS ACT and any rules promulgated thereunder.

CHERYL H. BAKER

Name of Registrant/Licensee: _____ Registration/License No.: _____

Address: 1212 E. Ustick Caldwell Id 83605

P.O. Box 6008 Caldwell Id 83606
Signature of Registrant/Licensee or Authorized Individual: Cheryl H Baker

Date: 11-7-08

Signature of Witness: [Signature]

Date: 11-7-08

Exhibit A
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